PREVENTING SUICIDES

AMONG DEPRESSED PATIENTS (ESPECIALLY THOSE TAKING ANTIDEPRESSANTS)

A Continuing Education Program

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INTRODUCTION TO SUICIDALITY IN THE UNITED STATES

- THE MAGNITUDE OF THIS HEALTH PROBLEM
- GOALS OF THE PROGRAM
- LEARNING OBJECTIVES

BACKGROUND OF SUICIDALITY

- OUR CULTURE DOES NOT OPENLY DISCUSS THIS SUBJECT
- OFTEN VIEWED AS A SENTENCE TO ETERNAL CONDEMNATION FOR THE VICTIM
- FAMILIES OF VICTIMS SHUNNED AND DISPARAGED
- TELEVISION AND MOVIES REINFORCE ANTIQUATED VIEWS OF MENTAL HEALTH AND SUICIDALITY

BACKGROUND OF SUICIDALITY (CONTINUED)

- VIEWS OF SUICIDE HAVE CHANGED IN THE U.S.
- RELIGIOUS LEADERS OF CHURCHES, TEMPLES AND MOSQUES
- PSYCHIATRISTS/PSYCHOLOGISTS
- NATIONAL INSTITUTES OF HEALTH
- GOVT & PRIVATE ORGANIZATIONS
- PHARMACY MODELS & PROGRAMS

GOALS OF THE COURSE

- HELP COUNSELORS IDENTIFY IDEALATION OF SUICIDE AMONG PSYCHOLOGICALLY UNBALANCED POTENTIAL VICTIMS
- HELP TO PREVENT SUICIDES THROUGH IDENTIFICATION OF HIGH-RISK PERSONS, EDUCATION, AND REFERRAL TO OTHER HEALTH PROFESSIONALS AND COUNSELORS
- FAMILIARIZE COUNSELORS WITH THE USE, ACTION, RISKS AND BENEFITS OF SSRI'S AND SSNRI'S IN DEPRESSION AND SUICIDE RATES AMONG THESE PATIENTS
- HELP IDENTIFY BEHAVIORS, STATEMENTS OF INTENT, CAUSES AND SEEKING ACTIONS AMONG AT-RISK PATIENTS
- PROVIDE USEFUL SCREENING AND OTHER TOOLS, CRISIS CENTER INFORMATION AND EDUCATION SOURCES TO HELP PREVENT HARM AND DEATH AMONG THESE PATIENTS

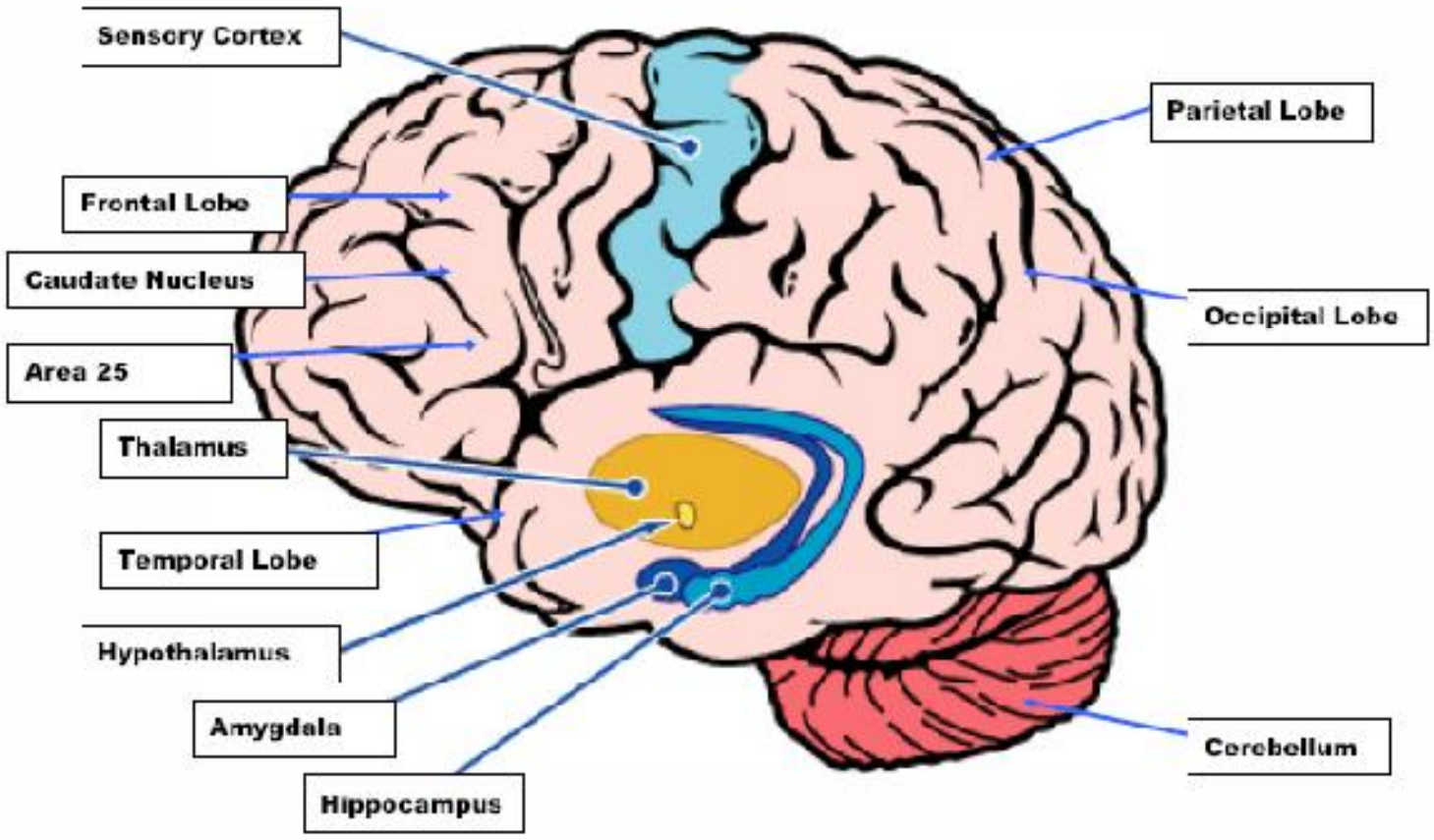
MAGNITUDE OF SUICIDALITY IN THE U.S.

- SUICIDE IS ALMOST ALWAYS PRECEDED BY A PERIOD OR PERIODS OF DEPRESSION (90 TO 95 PERCENT)
- IN 2007, DATA INDICATE THAT UP TO 35 MILLION AMERICANS SUFFER WITH CLINICAL DEPRESSION TODAY
- UPWARDS OF 33,000 PERSONS IN THE U.S COMMIT SUICIDE EACH YEAR-ALMOST ONE EVERY 16 MINUTES, 24/7/365,
- IN 2007, THE NUMBER OF ANTIDEPRESSANT PRESCRIPTIONS IN THE U.S. WAS ABOUT 233 MILLION – THE NUMBER ONE CATEGORY
- SUICIDE RANKS 11TH AS THE CAUSE OF DEATH IN THE U.S., AHEAD OF MURDER, AIDS, HBP & RENAL DISEASE, AND LIVER DISEASES.
- SUICIDES OUTNUMBER HOMICIDES BY A RATIO OF 4 TO 1 AND AVERAGE 11 DEATHS PER 100,000 POPULATION
- IN MISSOURI, THIS RATE IS 12/100K – 700 TO 750 PER YEAR AND IN ILLINOIS, 9.2/100K-1,100 TO 1,200 PER YEAR FOR A TOTAL OF 5 SUICIDES PER DAY IN THESE STATES ALONE
- ATTEMPTS OUTNUMBER SUCCESSES BY AS MUCH AS 25 TO 1 – GUNS AMONG MALES, POISONS (OVER-DOSES) AMONG FEMALES

POTENTIAL CONTRIBUTORS

- OUR CULTURE FOCUSES ON HEADLINE NEWS SUCH AS WARS, MURDERS, TERRORIST THREATS, ASSAULTS, ABUSE AND OTHER VIOLENT CRIMES.
- POLITICIANS AND GOVERNMENTAL BODIES AND EVEN INDIVIDUALS REACT TO ADDRESS OTHER LESSER PROBLEMS – TO THE NEGLECT OF THIS PROBLEM
- PRIMARY CARE PHYSICIANS DO NOT ROUTINELY SCREEN THEIR PATIENTS FOR SUICIDALITY THOUGH MANY (ALMOST HALF) ARE AWARE SOME OF THEIR PATIENTS ATTEMPTED SUICIDE IN THE PREVIOUS YEAR
- UNTIL RECENTLY, MEDICAL AND PHARMACY SCHOOL CURRICULA AND PHARMACY C.E. PROGRAMS AND JOURNALS DID NOT ADDRESS SUICIDALITY AND ITS TREATMENT OR PREVENTION

SOME OF THE RELEVANT BRAIN STRUCTURES



"THREE BRAINS" OF A HUMAN BEING

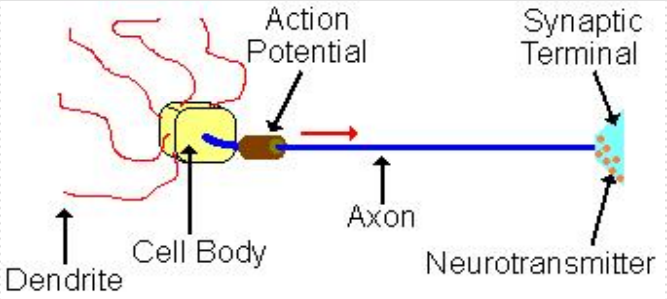
TYPE, WHERE LOCATED	ALTERNATIVE NAMES (NOT NECESSRILY SCIENTIFIC)	TYPICAL ANIMALS	FUNCTIONS
"Archaic Brain" Center of the Brain	The R-Complex or the Reptilian Brain	Lizards, Snakes	• Hunger, temperature control, fight-or-flight fear responses, defending territory, keeping safe. • Thalamus, caudate nucleus, putamen and globus pallidus are major structures (see illustration). • Caudate nucleus is involved in pathophysiology of the obsessive-compulsive disorder.
"Old Brain" The Limbic System	The Subconscious Brain	Cats, Dogs	• Mood, memory and hormone production control are the major functions of the limbic system. • Anterior Cingulate is the structure primary responsible for mood (see below) and impulse control. • Hippocampus is the primary memory formation nucleus. • Amygdala is primarily responsible for fear, fight-or-flight responses and anger. • Hypothalamus is the major controlling organ of the endocrine system.
"New Brain" The Cortex	The Conscious Brain	Humans	• Higher cognition, abstract thought, usage of tools, formation and comprehension of language, social behavior, emotions, "higher cognitive functions". • The most complex object in the Universe (exceeds in complexity any machine we have ever built)

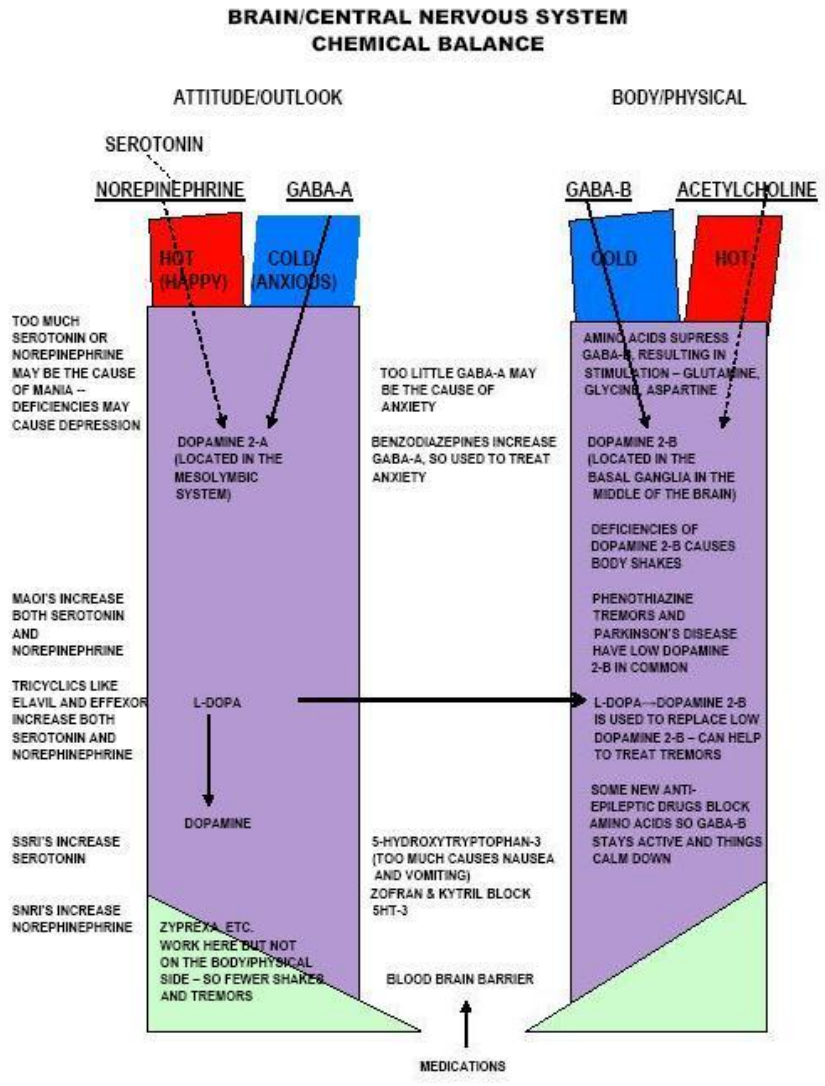
HOW SSRI'S AND SSNRI'S WORK IN THE BRAIN

DIAGRAM OF A NEURON(THERE ARE OVER 100 BILLION OF THEM IN THE BRAIN OF A HUMAN BEING) EACH ONE HAS IT'S OWN CHEMICAL NEUROTRANSMITTER(S)

EACH CONNECTS TO A MANY AS 200,000 OTHERS

THERE ARE AS MANY AS 108 NEUROTRANSMITTERS




BRAIN/CENTRAL NERVOUS SYSTEM
CHEMICAL BALANCE
ATTITUDE/OUTLOOK
BODY/PHYSICAL
SEROTONIN
NOREPINEPHRINE
GABA-A
GABA-B
ACETYLCHOLINE
HOT (HAPPY)
COLD (ANXIOUS)
COLD
HOT
TOO MUCH SEROTONIN OR NOREPINEPHRINE MAY BE THE CAUSE OF MANIA -- DEFICIENCIES MAY CAUSE DEPRESSION
TOO LITTLE GABA-A MAY BE THE CAUSE OF ANXIETY
AMINO ACIDS SUPRESS GABA-B, RESULTING IN STIMULATION – GLUTAMINE, GLYCINE, ASPARTINE
DOPAMINE 2-A (LOCATED IN THE MESOLYMBIC SYSTEM)
BENZODIAZEPINES INCREASE GABA-A, SO USED TO TREAT ANXIETY
DOPAMINE 2-B (LOCATED IN THE BASAL GANGLIA IN THE MIDDLE OF THE BRAIN)
DEFICIENCIES OF DOPAMINE 2-B CAUSES BODY SHAKES
MAOI'S INCREASE BOTH SEROTONIN AND NOREPINEPHRINE
PHENOTHIAZINE TREMORS AND PARKINSON'S DISEASE HAVE LOW DOPAMINE 2-B IN COMMON
TRICYCLICS LIKE ELAVIL AND EFFEXOR INCREASE BOTH SEROTONIN AND NOREPHINEPHRINE
L-DOPA
L-DOPA---DOPAMINE 2-B IS USED TO REPLACE LOW DOPAMINE 2-B – CAN HELP TO TREAT TREMORS
DOPAMINE
SOME NEW ANTI-EPILEPTIC DRUGS BLOCK AMINO ACIDS SO GABA-B STAYS ACTIVE AND THINGS CALM DOWN
SSRI'S INCREASE SEROTONIN
5-HYDROXYTRYPTOPHAN-3 (TOO MUCH CAUSES NAUSEA AND VOMITING)
ZOFRAN & KYTRIL BLOCK 5HT-3
SNRI'S INCREASE NOREPHINEPHRINE
ZYPREXA, ETC. WORK HERE BUT NOT ON THE BODY/PHYSICAL SIDE – SO FEWER SHAKES AND TREMORS
BLOOD BRAIN BARRIER
MEDICATIONS

SSRI'S AND SSNRI'S AS A CAUSE OF SUICIDALITY

(KEEP IN MIND THAT THESE PATIENTS ARE ALREADY DEPRESSED AND MAY HAVE HAD PREVIOUS SUICIDAL/HARMFUL THOUGHTS)

THE GERMAN BGA (THEIR FDA) KNEW IN 1984 THAT ZOLOFT® WAS ASSOCIATED WITH A HIGHER RATE OF SUICIDE THAN PATIENTS ON OTHER ANTIDEPRESSANT MEDICINES

- WIDE-SPREAD PRESS REPORTS HAVE IMPLICATED THESE DRUGS IN CASES OF MASS MURDERS AND MURDER-SUICIDES FOR YEARS
  - COLUMBINE, CO., WHERE ONE OF THE TWO KILLERS WAS UNDER A DOCTOR'S CARE AND WAS TAKING A NOW-BANNED MEDICINE FOR DEPRESSION (LUVOX®)
  - THE TEEN IN MINNESOTA WHO KILLED NINE, INCLUDING HIS GRANDFATHER ON A RESERVATION
  - A WYOMING MAN WHO KILLED THREE OTHERS AND THEN HIMSELF, AND GLAXO SMITH-KLINE WAS HELD LIABLE FOR WRONGFUL DEATH

FDA "BLACK BOX WARNING"

- **THE FDA "BLACK BOX" WARNING** Suicidality in Children and Adolescents. Antidepressants increase the risk of suicidal thinking and behavior (suicidality) in short-term studies in children and adolescents with Major Depressive Disorder (MDD) and other psychiatric disorders. Anyone considering the use of (drug) or any other antidepressant in a child or adolescent must balance this risk with the clinical need. Patients who are started on therapy should be observed closely for clinical worsening, suicidality or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescribers. (Drug) is not approved for use in pediatric patients. Pooled analyses of short-term (4 to 16 weeks) placebo-controlled trials of nine antidepressant drugs (SSRIs and others) in children and adolescents with Major Depressive Disorder (MDD), obsessive compulsive disorder (OCD), or other psychiatric disorders (a total of 24 trials involving over 4,400 patients) have revealed a greater risk of adverse events representing suicidal thinking or behavior (suicidality) during the first few months of treatment in those receiving antidepressants. The average risk of such events in patients receiving antidepressants was 4%, twice the placebo risk of 2%. No suicides occurred in these trials

THE SLIDE TO SUICIDE

Adverse Event Mood **Trigger**→

Loss of Self-Esteem→

Loneliness and Isolation→

Frustration and Anger→

Prolonged Depression→

Helplessness→

Worthlessness→

Hopelessness→

Suicidal Thoughts→

Suicide

THE HIGH RISK GROUPS

- ADULTS AGES 45 – 54 ACCOUNT FOR 22% OF SUICIDES – THE HIGHEST RISK
- YOUNG PEOPLE –PRE-TEENS, TEENAGERS AND YOUNG ADULTS HAVE THE HIGHEST NUMBER OF SUICIDE ATTEMPTS.
- AMONG THOSE 15 TO 34, OVER 9,200 COMMITTED SUICIDE IN 2005
- ATTEMPTS TO COMPLETIONS IN THIS GROUP AVERAGE OVER 10 TO 1, MEANING THAT OVER 100,000 YOUNG PEOPLE TRIED TO END THEIR LIVES IN THIS ONE YEAR ALONE
- IN RECENT YEARS, MIDDLE-AGED WHITE WOMEN'S RATE OF SUICIDE HAS INCREASED MORE THAN 4 TIMES THE OVERALL RATE FOR ALL AGES/SEX
- ESPECIALLY VULNERABLE TO SUICIDALITY AND SUICIDE ARE THOSE IN THESE GROUPS WHO ARE:
  - CLINICALLY DEPRESSED
  - ABUSE ALCOHOL OR DRUGS
  - HAVE ANXIETY DISORDER
  - SUFFER MANIC-DEPRESSIVE SYNDROME OR BI-POLAR DISEASE

MEDICATIONS TO WATCH CLOSELY

- KEEP IN MIND THAT *THESE DRUGS DO WORK!* THEIR USE HAS HELPED MILLIONS OF DEPRESSED PATIENTS TO RETURN TO NORMAL ACTIVITIES, THOUGHTS AND HEALTHY LIVES! THE CEO OF MENTAL HEALTH AMERICA HAS SAID, "BETTER MONITORING OF INDIVIDUALS TAKING ANTIDEPRESSANTS AND BETTER EDUCATION OF FAMILY MEMBERS AND CAREGIVERS ABOUT THE RISKS AND BENEFITS OF TREATMENT IS PREFERABLE TO ANY ACTIONS THAT COULD NEGATIVELY AFFECT THE MILLIONS OF PEOPLE WHO NEED TREATMENT".

- FEWER THAN HALF OF THOSE NEEDING TREATMENT FOR DEPRESSION RECEIVE ANY.

TOP 8 BRAND NAME ANTIDEPRESSANTS BY NUMBER OF RX'S IN THE U.S., 2007

TRADE NAME	GENERIC	COMPANY	NUMBER OF RX'S
LEXAPRO	ESCITALOPRAM	FOREST	27,023,000
EFFEXOR XR	VENTAFAXINE	WYETH	17,200,000
CYMBALTA	DULOXETINE	LILLY	12,551,000
WELLBUTRIN XL	BUPROPRION	GSK	6,370,000
BUDEPRION XL	BUPROPRION	ABBOTT	4,808,000
BUDEPRION SR	BUPROPRION	ABBOTT	3,484,000
PAXIL CR	PAROXETINE	GSK	2,491,000
ZOLOFT	SERTRALINE	PFIZER	1,615,000

* **MANY OF THESE DRUGS HAVE OR WILL SOON LOSE THEIR PATENT PROTECTION, AND THE GENERIC VERSIONS NOW ACCOUNT FOR MANY MORE RX/S IN THE U.S. THAN PRESENTLY DO THE BRAND NAME PRODUCTS**

DEPRESSION TREATMENT OPTIONS

- ANTIDEPRESSANT MEDICATIONS PLUS TALK THERAPY AND FAMILY COUNSELING HAVE BEEN SHOWN TO BE THE MOST EFFECTIVE COMBINATION (10 TO 20 WEEKS COMMON FOR THERAPY SESSIONS))
- ELECTROCONVULSIVE THERAPY (ECT)
- NUTRITION – ALL GROUPS, BUT ESPECIALLY POST-PARTUM DEPRESSION IN MOMS
- INTENTIONAL, FREQUENT EXERCISE – HEART RATE OVER 100 FOR 20" FOR MOST PATIENTS (KNOWN TO INCREASE SEROTONIN LEVELS) 3 X WEEKLY
- HERBAL REMEDIES
- TRANSCRANIAL MAGNETIC STIMULATION (FIRST USED IN 1985 – NOT FDA-APPROVED)
- MEDITATION, YOGA, FOCUSED REFLECTION OR PRAYER TIME
- BEHAVIORAL MODIFICATION COUNSELING
- MUSIC, LIGHT OR LAUGHTER THERAPY
- OCCUPATIONAL THERAPY, ESPECIALLY SERVICE TO OTHERS
- DEEP BRAIN ELECTRICAL STIMULATION – ZONE 25 (EXPERIMENTAL)

GENERAL SIGNS OF SUICIDALITY TO HELP IDENTIFY THOSE AT RISK

- ANYONE BEING TREATED FOR DEPRESSION SHOULD BE MONITORED FOR CLINICAL WORSENING, UNUSUAL CHANGES IN BEHAVIOR OR SUICIDALITY. SYMPTOMS CAN INCLUDE:
  - Agitation
  - Anxiety
  - Irritability
  - Impulsivity
  - Panic attacks
  - Insomnia
  - Hostility
  - Aggressiveness
  - Hypomania and mania
  - Unusual changes in behavior
  - Akathesia (psychomotor restlessness)

MONITORING SHOULD INCLUDE DAILY OBSERVATION BY FAMILIES AND CAREGIVERS

SIGNS OF SUICIDALITY – PRE-TEENS, TEENS AND YOUNG ADULTS

- DRUG & ALCOHOL USE/ABUSE
- ISOLATION/ WITHDRAWAL FROM FAMILY, FRIENDS, ACTIVITIES
- EXCESSIVE RISK-TAKING, DOING DANGEROUS THINGS- SPEEDING, SKY-DIVING, CLIMBING, GANG MEMBER, ETC.
- DRAMATIC CHANGES IN EATING OR SLEEPING PATTERNS
- GIVING "HINTS" SUCH AS "IT'S NO USE", "NOTHING MATTERS", "I WILL NOT SEE YOU AGAIN", ETC/
- PREVIOUS SUICIDE OR HARMING ATTEMPTS TO SELF OR OTHERS
- LOSS OF A SIGNIFICANT OTHER PERSON OR ROLE MODEL AND EXCESSIVE GRIEF ACTIONS
- PERSISTENT BOREDOM, POOR CONCENTRATION, INABILITY TO SPEAK COGENTLY, OR A DECLINE IN SCHOOL PERFORMANCE
- RUNNING AWAY, REBELLIOUS BEHAVIORS OR VIOLENT ACTIONS
- GIVING AWAY VALUED POSSESSIONS TO PEERS
- GETTING "AFFAIRS" IN ORDER, AS IN WRITING A WILL, CONTACTING EVERY FRIEND, CALLING OR VISITING EVERY EXTENDED FAMILY MEMBER
- ATTEMPTING TO PURCHASE WEAPONS OR STOCKPILING DRUG SUPPLIES

SIGNS OF SUICIDALITY – SENIORS

- OVER 3 MONTHS OF FUNCTIONAL IMPAIRMENT FROM DEPRESSION OR GRIEF
- EXPRESSING HOPELESSNESS
- MORBID PREOCCUPATIONS WITH ONE'S OWN DEATH OR WORTHLESSNESS
- STATEMENTS ABOUT A LACK OF MEANING TO LIFE OR A WISH FOR AN EARLY DEATH
- MENTION OF A SUICIDE PLAN WITH DETAILS ABOUT TIME, PLACE OR METHOD
- SUDDEN WEIGHT LOSS WITH PERIODS OF STARVATION OR FOOD DEPRIVATION
- PERSONAL OR FAMILY HISTORY OF SUICIDE ATTEMPTS
- ALCOHOL OR DRUG OVERUSE
- TERMINAL ILLNESS OR CHRONIC LONG-TERM ILLNESS
- FAILURE TO COMPLY WITH LIFE-PRESERVING MEDICAL TREATMENT, E.G., INSULIN OR ORAL ANTI-DIABETIC MEDICATIONS, I.V. FLUID, ETC.

WHEN FRIENDS CAN OR SHOULD INTERVENE

- AARP REPORTS THAT 70 PERCENT OF OLDER ADULTS WHO COMMIT SUICIDE HAVE SEEN A DOCTOR WITHIN A MONTH
- EXPERTS IN PREVENTION SAY THAT 80 PERCENT OF THOSE WHO TAKE THEIR OWN LIVES GIVE CLUES AHEAD OF TIME ABOUT THEIR INTENTIONS
- CLINICALLY DEPRESSED PATIENTS WHO ARE NEWLY DIAGNOSED AND FIRST RECEIVING ANTIDEPRESSANTS
- PATIENTS WHO ARE NOT RESPONDING WELL OR WHOSE PHYSICIAN IS CHANGING THEIR MEDICATIONS
- THE FIRST FEW WEEKS WHEN THERE IS A NEW MEDICATION OR A CHANGED DOSE OR FORM OF AN EXISTING RX
- WHEN HE/SHE HAS OBSERVED OR RELIABLY HEARD OF MORE THAN ONE OF THE WARNING SIGNS IN A PATIENT

SUGGESTED QUESTIONS

- **General Opening Questions**
  - How is/are 'so and so' (you) doing with their health?
  - Is/are you (they) handling their present problems okay?
  - Do you (they) seem to be positive about overcoming their problems or have they given up?
  - Do you (they) seem more and more depressed or withdrawn from (daily activities/you), or are they showing improvement?
- **Transition Questions**
  - Are you (they) taking their medications like they were prescribed?
  - Is 'so and so' (you) getting their/your renewals or refills on time, or early, or late?
- **Specific Suicidality Probes**
  - Have you (they) thought about hurting themselves in any way? Recently?
  - If you/they (ever) have such thoughts, are you aware that these thoughts will go away as you take your medicines correctly and keep your counseling appointments over a period of time?
  - Are you (they) suicidal now?
  - Can I help by giving you a list of sources of information and help, and some crisis center telephone numbers you can call if things get critical?

WHERE TO REFER PATIENTS AND FAMILIES LOCALLY

IN NON-EMERGENCIES

- FAMILY PHYSICIAN
- PASTOR/PRIEST
- LOCAL PSYCHIATRIST WHOM YOU TRUST OR WITH WHOM THEY ARE ACQUAINTED
- FAMILY COUNSELOR
- CLINICAL PSYCHOLOGIST
- CRISIS COUNSELORS
- DEPARTMENTS OF SOCIAL SERVICES OFTEN HAVE LISTS OF PROFESSIONALS

IN AN EMERGENCY

- RESPONSIBLE FAMILY MEMBER TO SEEK HELP
- FAMILY PSYCHIATRIC CAREGIVER (IF UNDER CARE CURRENTLY)
- LOCAL POLICE IF THREAT SEEMS IMMINENT
- CRISIS HOTLINE COUNSEL- PERHAPS **1-800-SUICIDE**
- SPECIAL PATIENT GROUPS LIKE TEENS, COLLEGE STUDENTS, PARENTS, ETC. CAN BE FOUND AT: www.suicidehotlines.com/national.html

WHERE TO REFER PATIENTS AND FAMILIES -NATIONAL SUICIDE PREVENTION ORGANIZATIONS AND CRISIS HOTLINES

Information And Support Sources

- Center for Injury Research and Policy, National Institute of Mental Health, www.mentalhealth.sambsa.gov/suicideprevention/fiverws.asp
- "Why Live with Depression?" campaign, at www.depressionhelp.com
- "Frequently Asked Questions About Suicide", National Institute of Mental Health Suicide Research Consortium, www.nimb.nih.gov/suicideprevention/suicidefaq.cfm and (301) 443-4536
- American Academy of Child & Adolescent Psychiatry at
- www.aacap.org/publicaitons
- National Center for Injury Prevention and Control at www.cdc.gov/ncipc
- American Foundation for Suicide Prevention at www.afsp.org

Crisis Hotline Telephone Numbers

- 24 hour National Hotline: 1-800-SUICIDE (1-800-784-2433)
- National Suicide Prevention Hotline: 1-800-273-TALK (1-800-273-8255)
- Veterans Press 1 To Reach A Special Hotline Service Of the V.A.
- TTY: 1-800-799-4TTY (1-800-799-4889)

SOME SUGGESTIONS FRIENDS MAY MAKE TO SUICIDALITY PATIENTS

COPING WITH SUICIDAL FEELINGS:

- Tell your doctor, friend, family member or someone who may help about your feelings, which are very likely temporary and can be helped.
- Get away from any means of harming yourself-remove dangerous objects from your home or car.
- Avoid drugs of abuse or alcohol
- Until feeling better, avoid doing things you may fail at or you find difficult
- Set "To Do" priorities and make a written schedule for each day and stick to it no matter what. As you finish each one, cross it off the list.
- Schedule two 30-minute periods of activities you enjoy each day, and two 30-minute walks each day. Include meditation, prayer or quiet time.
- Eat well-balanced meals (don't skip), get sleep as much as you need, and care for your physical health.
- Spend at least 30 minutes a day in the sunlight – it helps your mood.
- Make yourself talk with other people – reduce your social isolation – it will likely be extremely helpful to you.
- Keep every one of your appointments for personal or family counseling with your doctor, counselor, case worker or other health professional.

SOME SUGGESTIONS FRIENDS MAY MAKE TO SUICIDALITY PATIENTS' FAMILY MEMBERS

- **IF YOU THINK SOMEONE MAY TAKE THEIR LIFE:**
  TAKE ANY THREATS OR STATEMENTS OF INTENT SERIOUSLY!
  80 Percent of suicide victims give some warning to friends or family.

LISTEN PATIENTLY

- Ask what is troubling them, and be determined for them to talk about it
- If they are depressed, don't hesitate to ask if they are considering hurting themselves or even if they have a plan or method in their thoughts
- Don't try to argue them out of it, but let them know you care and that they are not alone. Remind them these feelings will go away soon as their depression is treated, and that there are solutions to even their problems.

GET PROFESSIONAL HELP AS QUICKLY AS POSSIBLE

- Proactively convince them to see their doctor or help them find a mental health professional or recognized treatment facility.

IN AN ACUTE EMERGENCY OR CRISIS (IMMEDIATE THREAT)

- Do not leave them alone, even for short periods of time, until help is present.
- Take them to an emergency room at the nearest hospital or walk-in clinic at a psychiatric center, or to their doctor.
- If present, remove any drugs, firearms or sharp objects from the vicinity.
- As a final resource, call your local emergency number or one of the Suicide Crisis Hotline numbers

FREE TOOLS AND MATERIALS AVAILABLE FOR YOUR USE

- **BROCHURE** –PHARMACISTS PREVENTING SUICIDES (A SYNOPSIS OF THE C.E.ON-LINE COURSE)
- **POCKET CARD** – INFORMATION TO USE IN A CRISIS SITUATION
- **POCKET CARD** – FOR PATIENTS TO COPE WITH SUICIDALITY
- **CASE STUDIES** – TO REHEARSE YOUR INTERVENTION SKILLS

DEDICATION

THIS PROGRAM IS DEDICATED TO THE COUNSELORS AND HEALTH PROFESSIONALS OF AMERICA WHO TAKE THE TIME AND MAKE THE EFFORT TO BECOME KNOWLEDGEABLE AND DEVELOP THE SKILLS TO HELP PREVENT SUICIDES AMONG CLINICALLY DEPRESSED AND OTHER PATIENTS; AND TO OUR DAUGHTER ***TRICIA LEANN THARP*** WHO LOST HER WAY AND HER LIFE TO DEPRESSION AND SUICIDE. SHE WILL ALWAYS BE IN THE HEARTS OF THOSE WHO LOVED HER, THEN AND NOW.

SAVING ONE LIFE WILL BE WORTH THE EFFORT!!